





Please give to the student in a sealed envelope to include in his/her application package or mail directly to: Dr. Renee Akbar, Asst. Professor, Division of Education, Xavier University of Louisiana, 1 Drexel Drive, New Orleans, LA 70125-1098.

Student's Name											
University											
Recommendation											
Your Name											
Title at University											
Department											
University Address											
,											
On a scale of one to five (One being the highest, five being the lowest) how would you rate the applicant on the following categories? (Circle one.)											
	Academic Achievement	1	2	3	4	5					
	Motivation	1	2	3	4	5					
	Potential for Growth	1	2	3	4	5					
	Independence	1	2	3	4	5					
	Potential to complete degree	1	2	3	4	5					
	Attendance	1	2	3	4	5					
	Dependability	1	2	3	4	5					
	Maturity	1	2	3	4	5					
	Overall Progress	1	2	3	4	5					
Other Comments											
Signature Date											